

RECEIVED  
Appendix F

APR 14 2008

S.D. SEC. OF STATE

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

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1. Name R. Blake Curd, M.D.
2. Address Po Box 2811, SF SD 57101
3. Office Sought S. D. House District 12
4. What is your occupation/profession? Orthopedic Surgeon

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

Sioux Falls Surgical Physicians Owner  
Surgical Management Professionals Owner | Board Member  
MEDICAL FACILITIES, USA Board Member  
ORTHOPEDIC INSTITUTE Owner | Employee

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

None

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

State of South Dakota }  
 County of Minnehaha } SS.

SECRETARY OF STATE

Verification

Filed this 14 day of AprilApril, 08Chris Nelson

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed)

Sworn to before me this 14 day of April, 2008.

(Seal)

Revised 1997

George Jansen Officer Administering Oath  
 My commission expires: 9-30-2012